

Course Waiver

Customer

Parent/Adult Participant Name:

Child Name:

HOH Name:

Participant:

Course #:

Title:

Begin Date:

End Date:

Charlottesville Archery

7/15/20

Assumption of Risk and Indemnification Agreement:

I understand that participation in this program may involve strenuous physical activities and risk of physical injury. By signing this waiver I certify that the Participant is medically and physically capable of performing the program activities. The Participant assumes all risks associated with participation in the program activities, including, without limitation, falls, contact with other participants, and effects of the weather (including high heat and/or humidity), such risks being understood and anticipated by me. I, and any Participant on whose behalf I have signed this waiver, agree to indemnify, defend, save and hold harmless Orange County, its officers, employees and agents, from and against all liabilities, charges, expenses and costs on account of or by reason of any injuries, deaths, liabilities, claims, suits or losses, of any nature whatsoever, however occurring, arising out of or in connection with my participation in this program. Orange County is not obligated to provide any accident or other insurance coverage for participants, and I understand that it is my sole obligation to verify the existence of, or obtain insurance coverage for participant, IF PARTICIPANT IS UNDER 18: I acknowledge and agree to all of the foregoing on behalf of my minor child, and I certify that my child has my permission to participate in the program and program activities. Orange County, its officials, employees, agents and volunteers, have my permission to authorize emergency medical treatment if necessary.

Signature: _____ Date: _____

Photographs:

Staff may take photos/video for publicity or program-related purposes and by your signature you grant permission for Orange County to use any photographs, motion picture or video recordings, or other images of the Participant for any lawful program-related purpose. If you do not want staff to take pictures of the Participant, initial here: _____

Special Accommodations & Medications:

If the participant requires one of the following, check the appropriate box(es) no less than ten working days prior to the activity.

☐ Special accommodations due to a disability

Details: _____

☐ Medication required during program (under age 18)

Details: _____
